

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10 / 532968**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6		1				
7						
8		1				
9						
10		1				
11						
12		1				
13						
14	1					
15		1				
16						
17		1				
18						
19		1				
20						
21		1				
22						
23	1					
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25						
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34		1				
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36		1				
37						
38		1				
39						
40		1				
41						
42		1				
43						
44	1					
45		1				
46						
47		1				
48						
49		1				
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	40	←		←		←
TOTAL CLAIMS	44					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						